AUTHORIZATION

(Prisoner's Account Only)

3/8/8/	>
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Case	No.		
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NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

1: CV 00-1384

I, Clarence Warren	, request and authorize the agency holding n
custody to send to the Clerk of Court, United States	District Court for the Middle District of Pennsylv
a certified copy of the statement for the past s	ix months of my trust fund account (or institut
equivalent) at the institution where I am incarcerat	ed. I further request and authorize the agency ho
me in custody to calculate and disburse funds fro	om my trust account (or institutional equivalent) i
amounts specified by 28 U.S.C § 1915(b).	

This authorization is furnished in connection with the filing of a civil action, and I understand the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted my account regardless of the outcome of my civil action. This authorization shall apply to any agency into whose custody I may be transferred.

SCRANTON

AUG 0 7 2000

Date: July 25 , 2900

PER DEPUTY CLEAK

Clarence Warren Signature of Prisoner